



DEC 29 2004

DOCKET NO. SC11370TH

# TRANSMITTAL FORM

<b>TRANSMITTAL FORM</b>	Application Number	10/054,577
	Filing Date	November 13, 2001
	First Named Inventor	William C. Moyer
	Group Art Unit	2183
	Examiner Name	Tnia L. Meonske
Total Number of Pages in this Submission	Attorney Docket Number	SC11370TH

## **ENCLOSURES**

**(check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<hr/> <b>Remarks</b> <hr/>	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<hr/>	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Joanna G. Chiu	Registration No.	43,629
Signature			
Date	12/21/04		

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 or facsimile transmitted on the date listed below:

Typed or printed name	Elaine Cox		
Signature	Elaine Cox	Date	2/21/04